## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPEICANT(S) 53 15 29

## **CLAIMS**

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CLAIMS		3530030H		22.5	<u> </u>	<b>MEX</b>	

PTO - 1360 (PTV 1160)

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